PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office; U.S. Department of the Commence of the Co

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/802,049			ing Date 17/2004	To be Mailed
	AF	S FILE	CMALL	OTHER THAN SMALL ENTITY OR SMALL ENTITY							
Н	FOR		NUMBER FILED		(Column 2) NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A	ı	N/A	1 == (4)	1	N/A	1 == (4)
	SEARCH FEE (37 CFR 1.16(k), (f), (f)		N/A		N/A		N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A		1	N/A	
TO'	FAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *				x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$29 addition 35 U.	If the specification and draw sheets of paper, the applical is \$250 (\$125 for small entity additional 50 sheets or fracti 35 U.S.C. 41(a)(1)(G) and 3		on size fee due ) for each on thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							TOTAL				
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								ı	TOTAL	
APPLICATION AS AMENDED - PART II  OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY  OTHER THAN											
AMENDMENT	03/17/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	* 82	Minus	<del>**</del> 80	= 2		X \$25 =	50	OR	x s =	
	Independent (37 CFR 1.16(h))	• 3	Minus	<b></b> 3	= 0	1	X \$105 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	50	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus	**	-		x \$ =		OR	x s =	
Δ	Independent (37 CFR 1.16(h))		Minus	***	=		x \$ =		OR	x \$ =	
AMENDMENT	Application Size Fee (37 CFR 1.16(s))					]			ı		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR .	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  If the "Highest Number Previously Paid or 'N ITHS SPACE is less than 20, enter 2"O.  If the "Highest Number Previously Paid For 'N ITHS SPACE is less than 3, enter 3" in the "Highest Number Previously Paid For "(ITHS SPACE is less than 3, enter 3" in the "Highest Number Previously Paid For "(ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "(ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "(ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "(ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "(ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "(ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "(ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "ITHS ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "ITHS SPACE is less than 5, enter 3" in the "Highest Number Previously Paid For "ITHS SPACE is less than 5, enter 3" in the "Highest Number Previousl											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USPTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to the 12 minutes to complete, encuding pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.